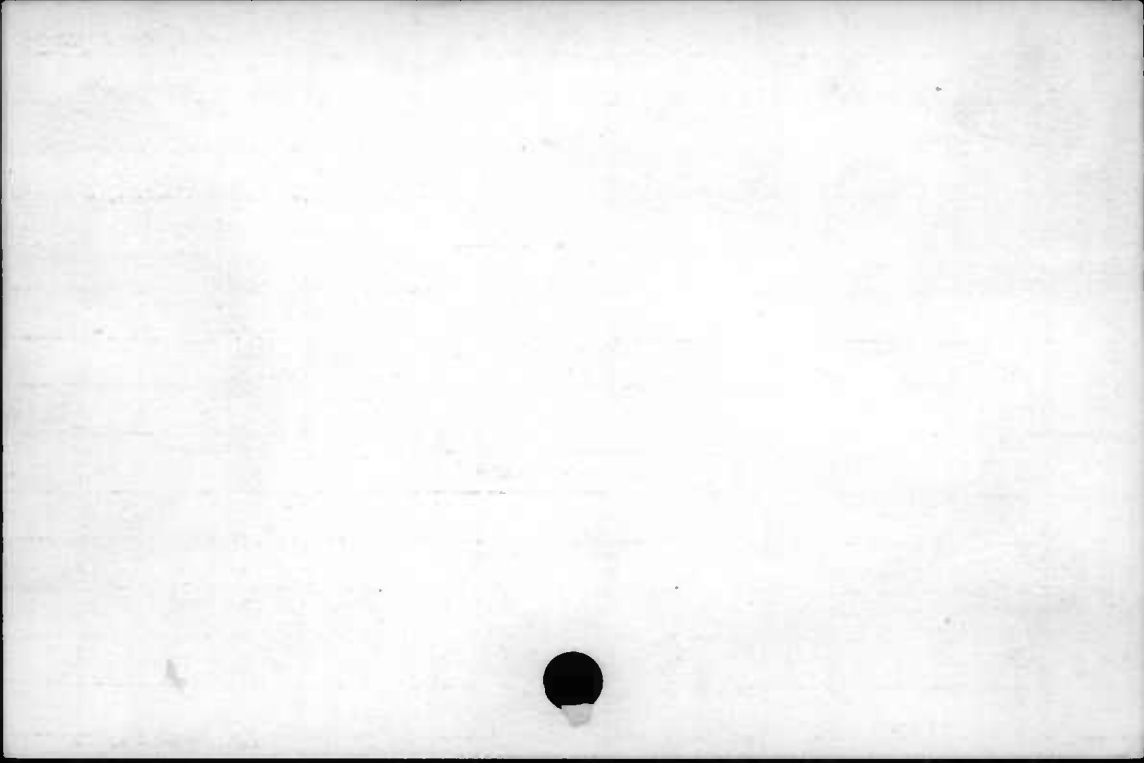


Name in Full 7 Jeff. Anderson		CERTIFICATE OF DEATH	
Died at near Lumberton Town 2 a County		MARYLAND	
Date of death 1906	Month 4	Day 15	Age 13.5
Sex Male	Color or Race White	Birthplace Caroline Co	Months — Days —
Occupation Carpenter	Where Residing if not at place of death near Lumberton		
Married, Single or Widowed	Name of Wife or Husband Susan E Meredith		
Father's Name John Anderson	Father's Birthplace Del		
Mother's Maiden Name Mary J Davis	Mother's Birthplace " "		
Name of person giving information Susan E Anderson	How related to deceased Wife		
CAUSES OF DEATH			
Primary Tuberculosis Pulmonalis	How long 18 months		
Immediate Meningitis developed	How long Two days		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Harold R. Hopkins		
	Address Lumberton Md		
Accident or Suicide?			



Name
in
Full

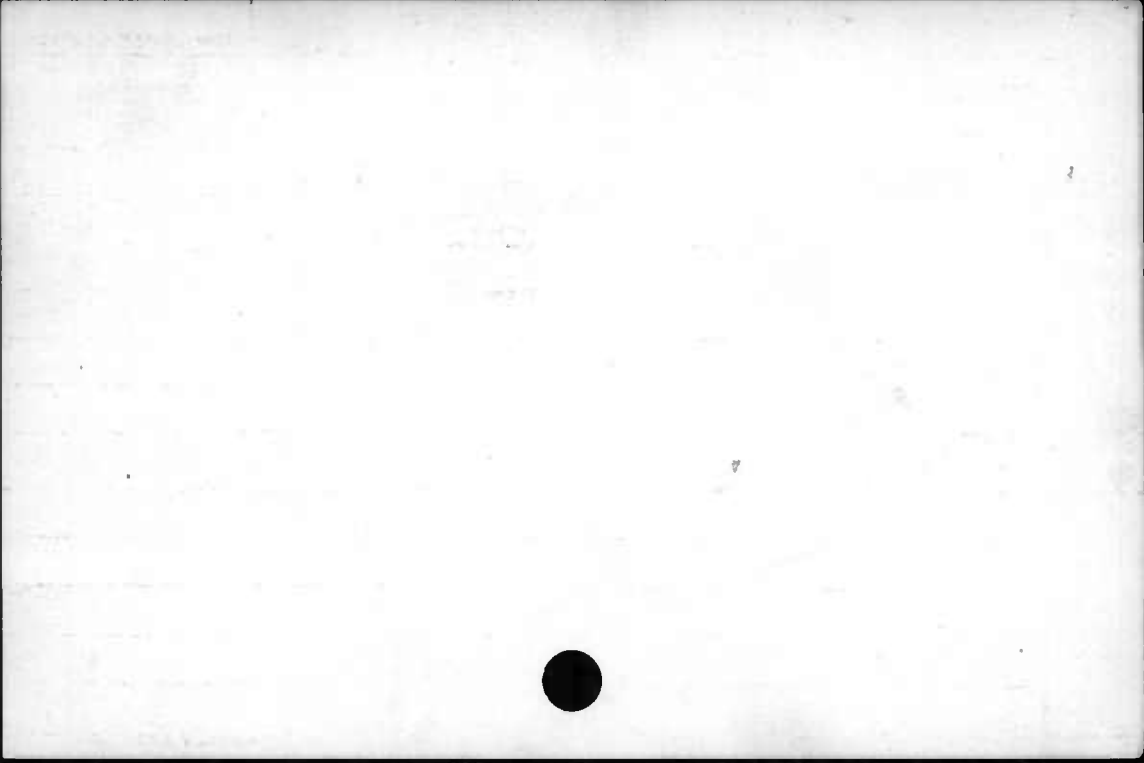
John H. Burns

CERTIFICATE OF DEATH

Died at		Town Greys		County 2 a Co		MARYLAND	
Date of death	1906	Month 4	Day 6	Age 23	Years	Months —	Days —
Sex	Male		Color or Race	White		Birth-place	Labo
Occupation	Cooper			Where Residing if not at place of death Greys			
Married, Single or Widowed	Married		Name of Wife or Husband	Laddie Burns			
Father's Name	John H. Burns					Father's Birthplace	Unknown
Mother's Maiden Name	Lizzie Pratt					Mother's Birthplace	Unknown
Name of person giving information	James E. Lane					How related to deceased	Brother-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis		How long	one year
	Immediate	Exhaustion		How long	one month
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. H. Davis
				Address	Greystown, Md.
Accident or Suicide?					



Name in Full

Certificate of Death

Kate Fanell

Died at *near* ^{Town} *Crumptoro* ^{County} *2. a. Co* MARYLAND
 Date *1906* ^{Month} *April* ^{Day} ^{Y.} *2.* ^{M.} *a.* ^{D.} *Co* ^{Native of} *2. a. Co* ^{Occupation} *Housewife*
 Age *Unknown*
 Sex *Male* ^{White} *White* ^{Married} *Married* ^{Widow} *Widow* ^{Divorced} *Divorced*
^{Female} *Female* ^{Colored} *Colored* ^{Single} *Single* ^{Widower} *Widower* ^{Number of children living} *3*

Husband of *John L. Fanell*

Wife

Father's

Name

Henry Lawrence

Mother's

Name

Cathryn Lawrence

Cause of

Primary

Cerebral Hemorrhage

How long sick

about a year

Death


Immediate

Exhaustion

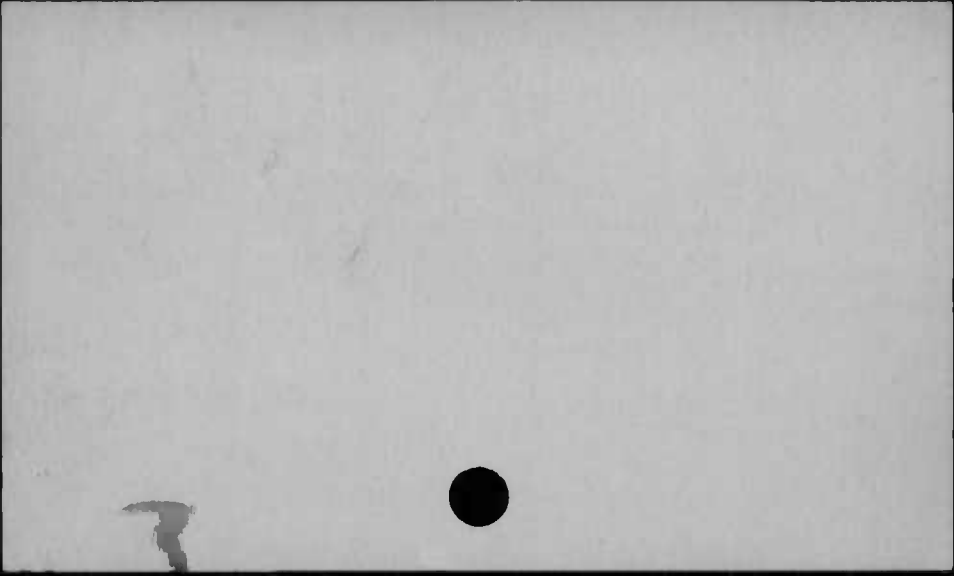
Accident, Suicide, Homicide

Reported by

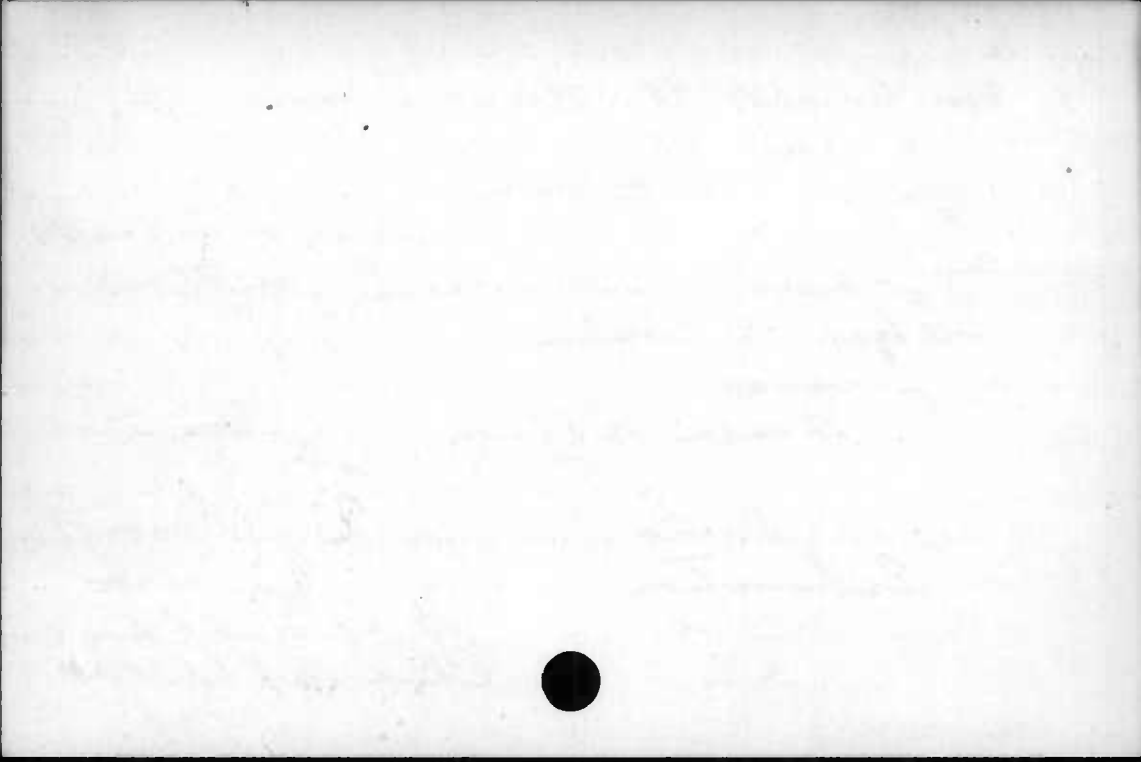
Address

*J. H. J. H. Needon**Church Hill*  *St. Louis, Mo.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Child		Bills		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Ingliside		Queen Anne's		MARYLAND	
	Date of death	1906	Apr	30	Age	Still Born	
	Sex	Female		Color or Race	Black		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	William A Gibbs				Father's Birthplace	L.A. Co
PHYSICIAN OR CORONER	Mother's Maiden Name	Essie Mathews				Mother's Birthplace	" "
	Name of person giving information	W A Gibbs				How related to deceased	Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Still Born				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	No Physician				Address		
	Accident or Suicide?				Ingliside		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>John Henry Griffin</i>		Town <i>Green Church Hill</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>April</i>		Day <i>17</i>		Age <i>58</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>Maryland</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Archie E. Anthony</i>					
Father's Name <i>Chas. Griffin</i>		Father's Birthplace <i></i>					
Mother's Maiden Name <i>Livinia Blake</i>		Mother's Birthplace <i></i>					
Name of person giving information <i>Wesley Wilson</i>		How related to deceased <i>Son in law.</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cirrhosis of Liver</i>	How long	<i>4 months.</i>
	Immediate	<i>Exhaustion</i>	How long	<i>2 weeks.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. G. Leppage</i>	
			Address <i>Church Hill Md</i>	
Accident or Suicide? <i></i>				

220

447

4740

4020

10-11

10-11

10-11

10-11

10-11



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>Star</i>		County <i>Queen Anne</i>	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Star,</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John J. Hawkins</i>		Father's Birthplace <i>Queen Anne Md.</i>			
Mother's Maiden Name <i>Rheta Wilson</i>		Mother's Birthplace <i>Star Md</i>			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

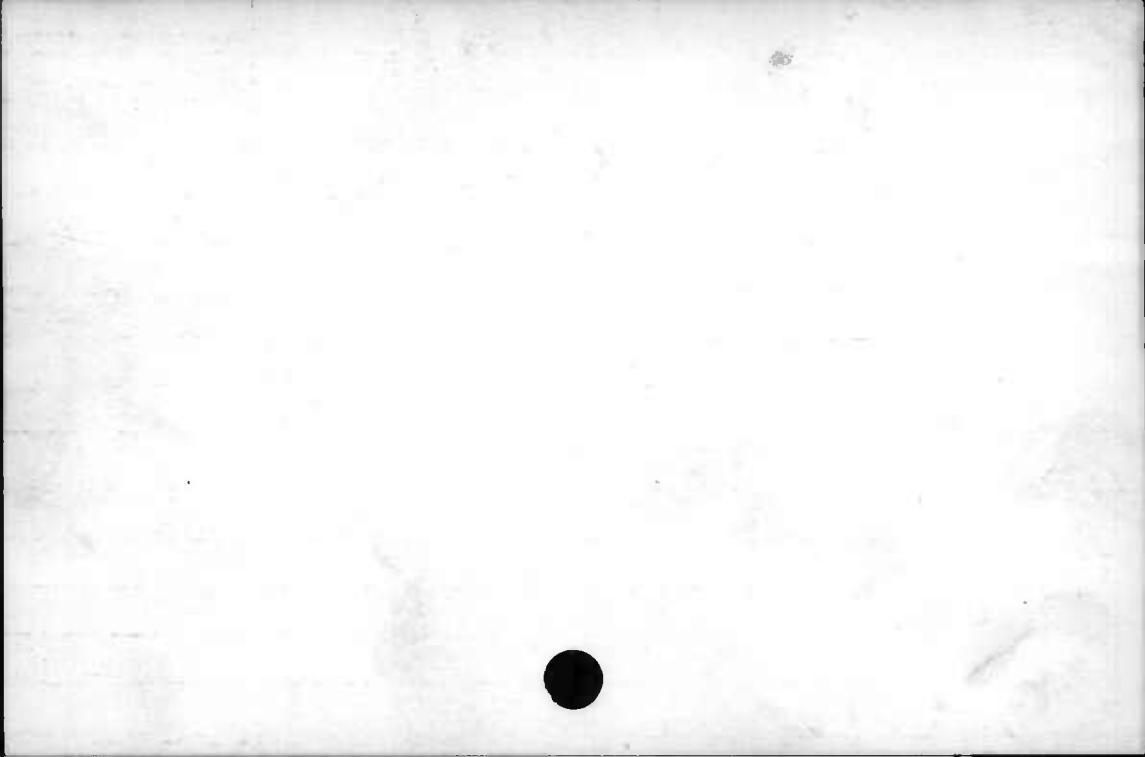
PHYSICIAN
OR CORONER

Primary	<i>Occipito-Posterior Presentation</i>	How long	<i>Died at delivery</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Walter H. Fenby</i>	
<i>yes</i>		Address <i>Ruthsburg,</i>	
Accident or Suicide?		<i>Md.</i>	



Name in Full Roy Clarence Hunter		CERTIFICATE OF DEATH	
Died at Queensland		County 2 a	
Date of death 1906		Month 4	Day 13
Age 3		Years 3	Months 3
Sex Male	Color or Race White	Birthplace Queensland	
Occupation _____		Where Residing if not at place of death Queensland	
Married, Single or Widowed Single		Name of Wife or Husband _____	
Father's Name Clarence Hunter		Father's Birthplace Queensland	
Mother's Maiden Name Lucy Burns		Mother's Birthplace Michigan	
Name of person giving information Clarence Hunter		How related to deceased Father	

CAUSES OF DEATH	
Primary Bone fed, Min Assimilation of diet	How long Six weeks
Immediate Inanition	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Howard H. Hopkins
	Address Queensland, Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

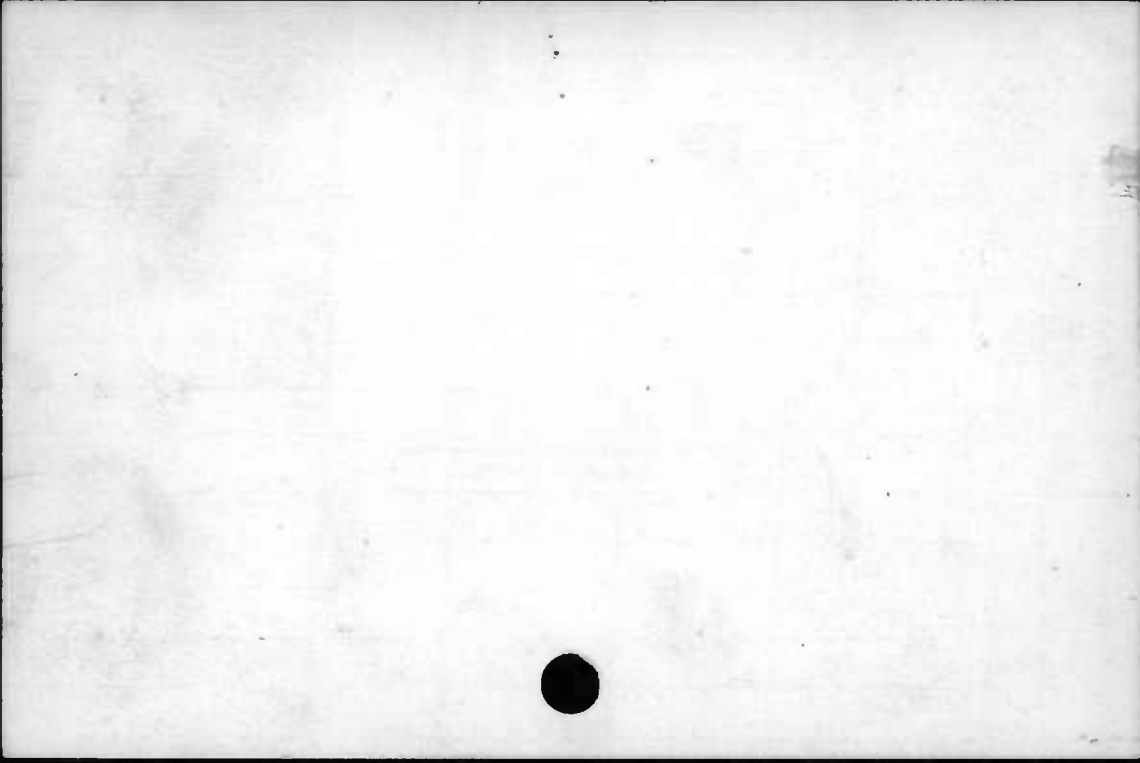
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

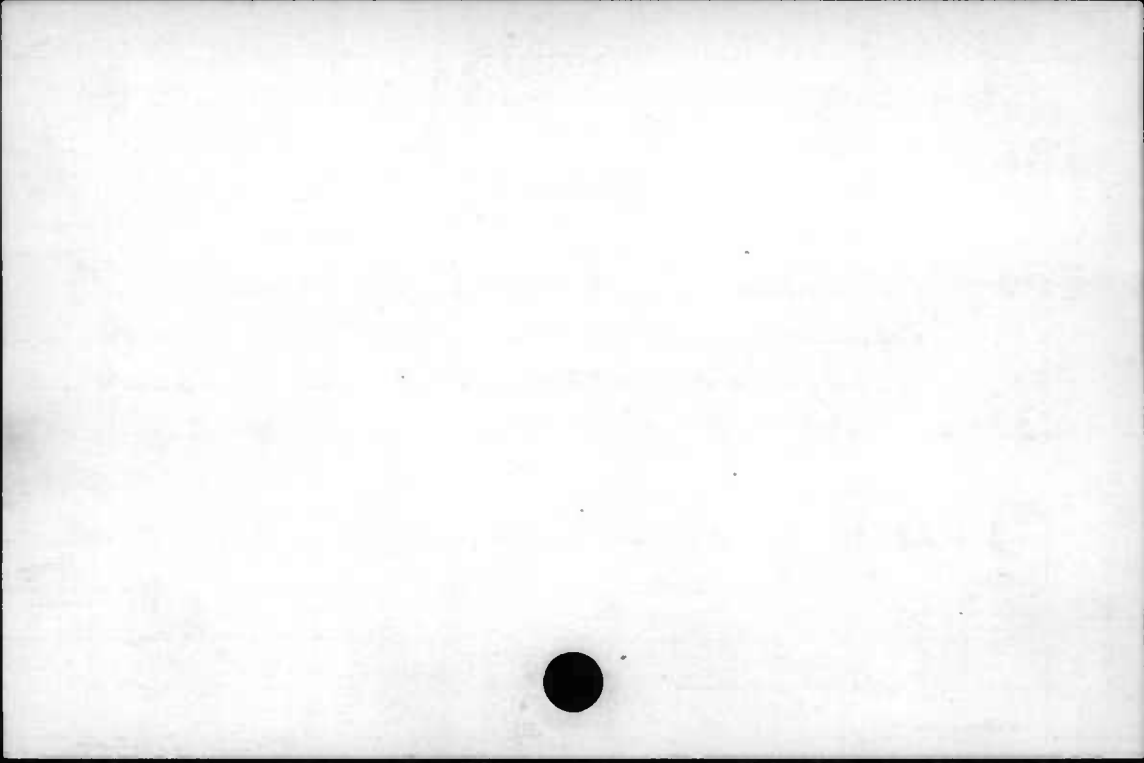
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Accident or Suicide?		



Name in Full		Jhos Bayard Marshall				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Butteville ^{Town}		Lucene Anne's ^{County}		MARYLAND		
	Date of death	1906	Month 4	Day 15	Age 24	Months April	Days 5th	
	Sex	male		Color or Race	Caucasian		Birth-place	Maryland
	Occupation	Farming		Where Residing if not at place of death				Lucene Anne's
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	James E. Marshall				Father's Birthplace	Lucene Anne's Co	
	Mother's Maiden Name	Ella Weaver				Mother's Birthplace	Lucene Anne's Co	
Name of person giving information	Angeline Weaver				How related to deceased	Grandmother		
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	2 yrs	
	Immediate	Exhaustion				How long	1 day	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. M. Kraus M.D.		
	Accident or Suicide?		no		Address	Butteville Lucene Anne's Co		



Name
in
Full

Robert Mason

CERTIFICATE OF DEATH

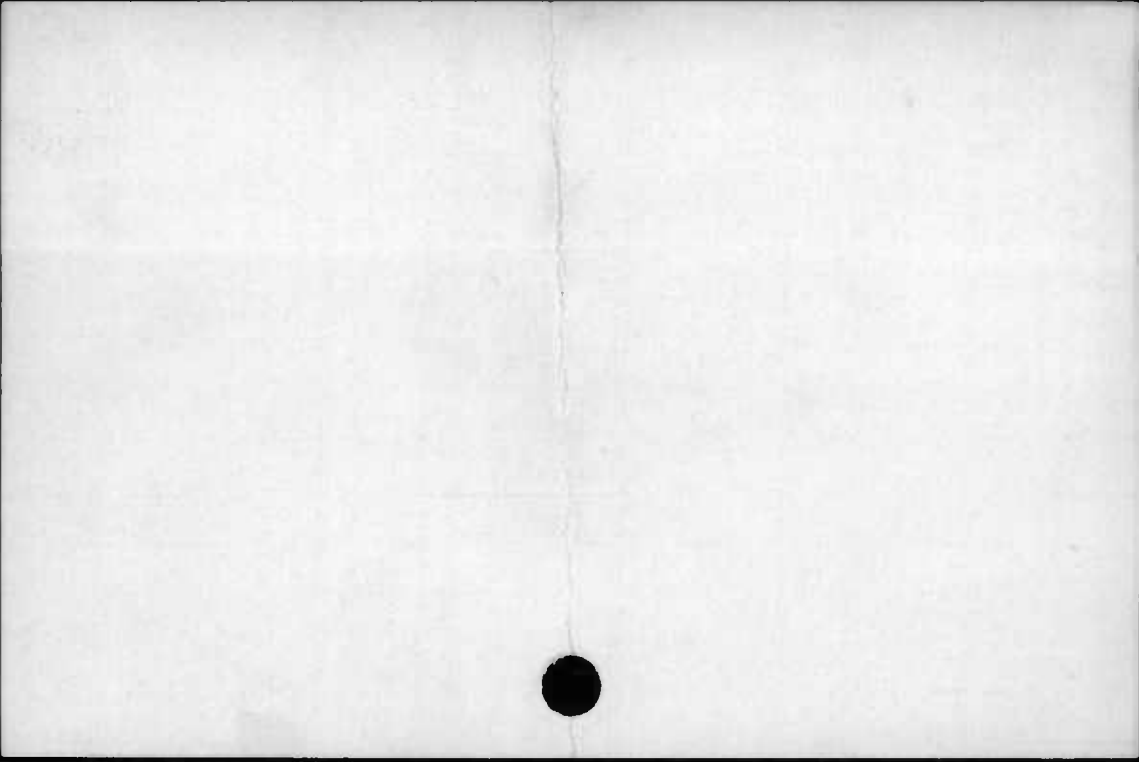
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Church Hill</i>		Town <i>Queen Anne's</i>		County		MARYLAND	
Date of death <i>1906 April 7</i>		Month		Day		Age <i>82</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		Months	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>as Place of death</i>		Years		Days	
Married, <i>Yes</i>		Name of Wife or Husband <i>Sarah Mason</i>		Father's Birthplace <i>Ind.</i>		Mother's Birthplace <i>Ind.</i>	
Father's Name <i>Phompy Mason</i>		Mother's Maiden Name <i>Mashaia Canady</i>		How related to deceased <i>Brother</i>			
Name of person giving information <i>Henry Mason</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>2 years.</i>
Immediate <i>Asthma</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Coopers</i>
	Address <i>Church Hill Ind.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mem Wye Mills</i>		Town <i>Green Anne</i>		County <i>Green Anne</i>
	Date of death <i>1904 April 25</i>		Month <i>April</i>		Day <i>25</i>
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Years <i>85</i>
	Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Mem Wye Mills</i>		Months <i>—</i>
	Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>		Days <i>—</i>
	Father's Name <i>George Ayers</i>		Father's Birthplace <i>—</i>		
	Mother's Maiden Name <i>Annie Ayers</i>		Mother's Birthplace <i>—</i>		
	Name of person giving information <i>Charles Harkless</i>		How related to deceased <i>Nephew</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Chronic Renovation</i>		How long <i>Several years</i>		<i>48</i>
	Immediate <i>Exhaustion</i>		How long <i>Several months</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Howard R. Harkless</i>		
			Address <i>Green Anne, Md.</i>		
	Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

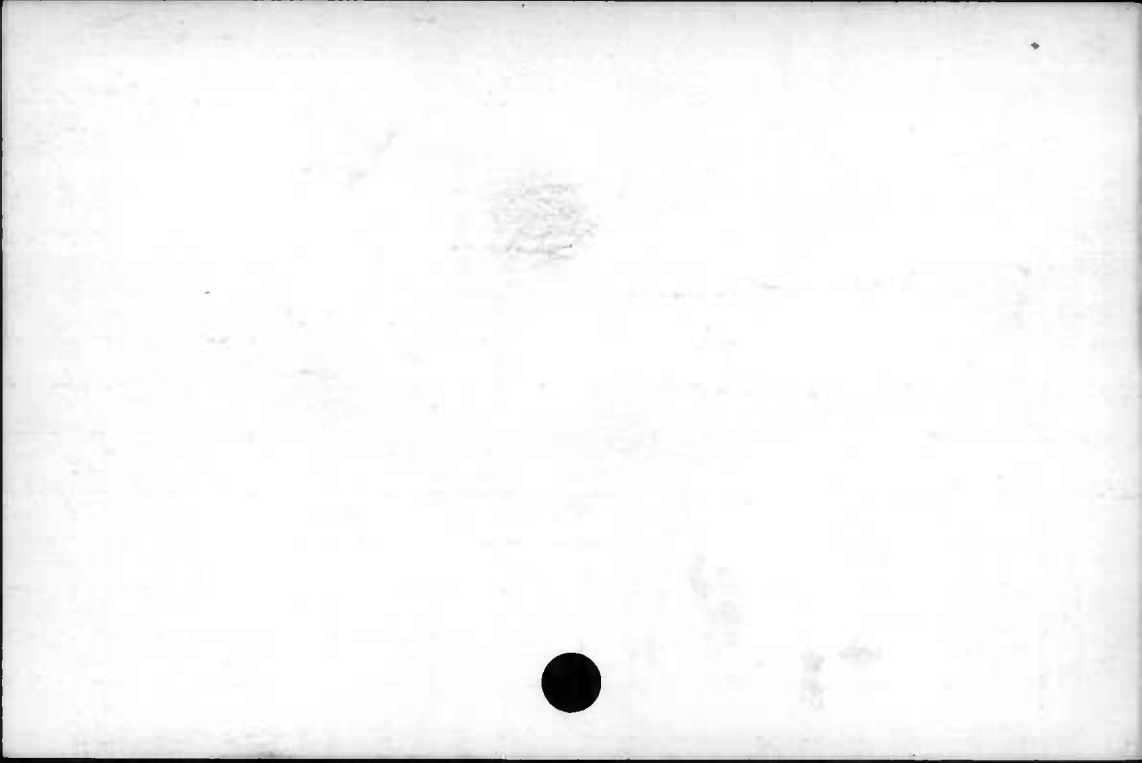
MARYLAND

Died at <i>Fords Shore</i>		Town <i>Fords Shore</i>		County <i>20 Co</i>	
Date of death <i>1904</i>	Month <i>4</i>	Day <i>1</i>	Age <i>81</i>	Years <i>1</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Caroline Co</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Fords Shore</i>				
Married, Single or <i>Widowed</i>	Name of Wife or Husband <i>Hannah Prouse</i>				
Father's Name <i>Elijah Prouse</i>	Father's Birthplace <i>Caroline Co</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>1790</i>				
Name of person giving information <i>N L Ford</i>	How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Rheumatism</i>	How long	<i>Several years</i>
Immediate	<i> Died suddenly without a physician</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Howard R. Hopkins</i>
		Address	<i>Greenstown, Maryland</i>
Accident or Suicide?			



Name
in
Full

Emma A. Hyenson Skinner

CERTIFICATE OF DEATH

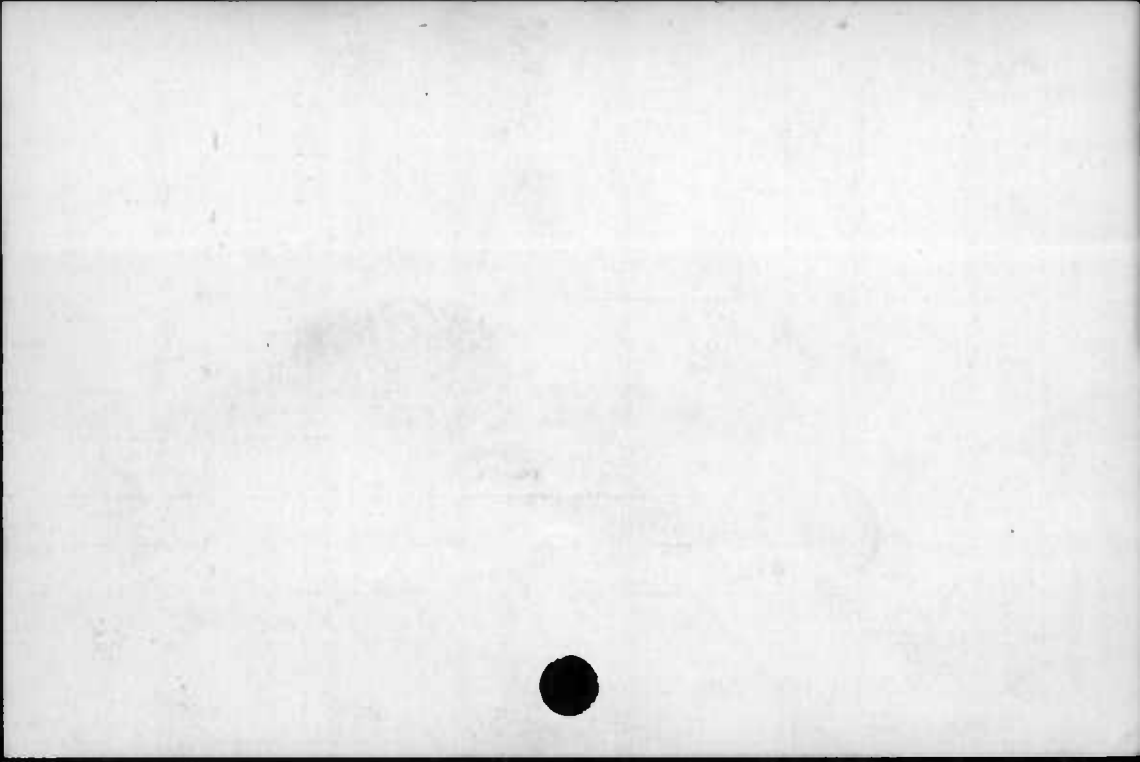
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>4</i>	Day <i>5</i>	Age <i>38</i>	Years Months Days
Sex	<i>Female</i>	Color or Race	<i>Caucasian</i>	Birth-place	<i>Queen Anne Co</i>
Occupation	<i>Housewife</i>	Where Residing if not at place of death		<i>Place of death</i>	
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Henry Skinner</i>		
Father's Name	<i>Thos. Hyenson</i>			Father's Birthplace	<i>Queen Anne Co</i>
Mother's Maiden Name	<i>Annice Spence</i>			Mother's Birthplace	<i>Queen Anne Co</i>
Name of person giving information	<i>Henry Skinner</i>			How related to deceased	<i>Widower</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstiential Nephritis</i>	How long	<i>8 or 9 years</i>
Immediate	<i>Uremia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm. Ford R. M.D.</i>
		Address	<i>Centerville Md</i>
Accident or Suicide?	<i>no</i>		<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Crumpton* Town*Queen Anne* CountyDate
of death *1906*Month
*4*Day
*14*Age
15

Years

Months
30

Days

Sex

*male*Color or
Race*Black*Birth-
place*Queen Anne Md*

Occupation

*farm hand*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Robt H. Smith*Father's
Birthplace*Md*Mother's
Maiden Name*Anna Brinkley*Mother's
Birthplace*Md*Name of person giving
information*Robt H. Smith*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Consumption

How long

1 yr

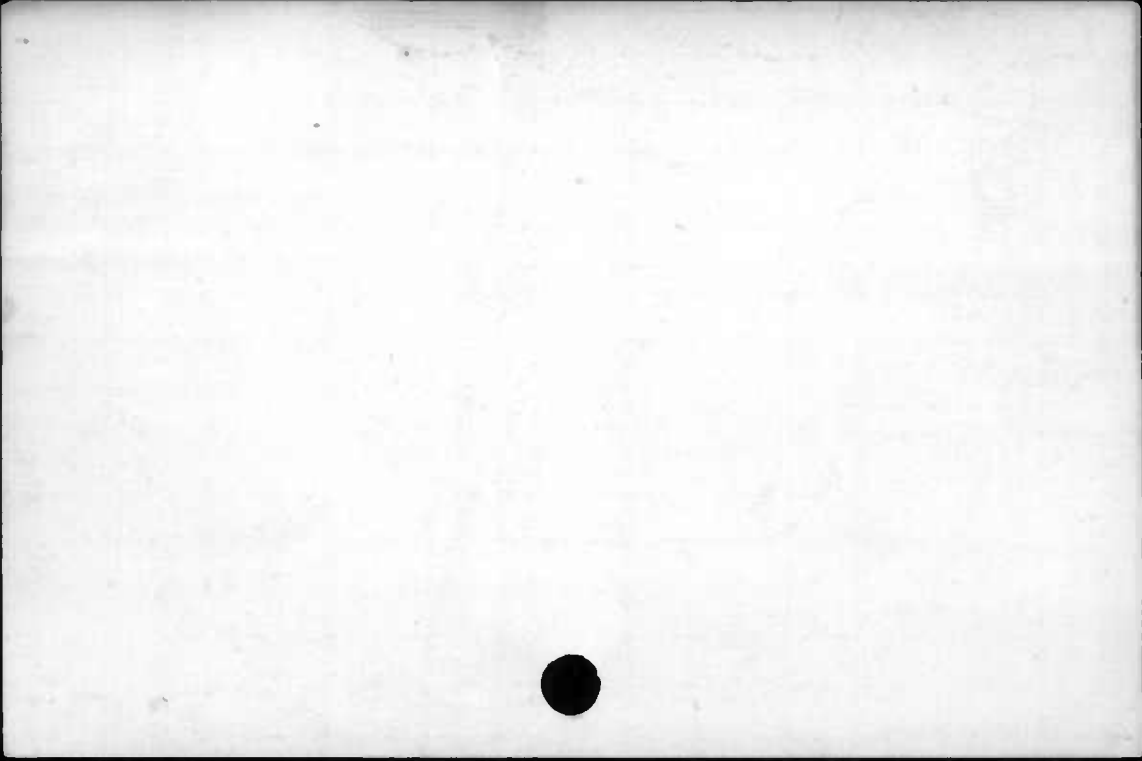
Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Dr. W. H. Boggs
Middleton
Md.*

Accident or Suicide?



Name
in
Full

James W Sparks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Crumpton</u> ^{Town}		<u>Queen Anne's</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>April</u>	Day <u>11</u>	Years <u>76</u>	Months <u>—</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>	
Occupation <u>Carpenter</u>		Where Residing if not at place of death <u>Chertown Ind</u>			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Ester Higgins</u>			
Father's Name <u>William Sparks</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Davis</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>Wm J. Sparks</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cancer of throat</u>	How long	<u>7 mos</u>
Immediate	<u>inability to take nourishment</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. N. Sheppard</u>	
		Address <u>Crumpton Ind</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

CERTIFICATE OF DEATH

Blanch Stanford

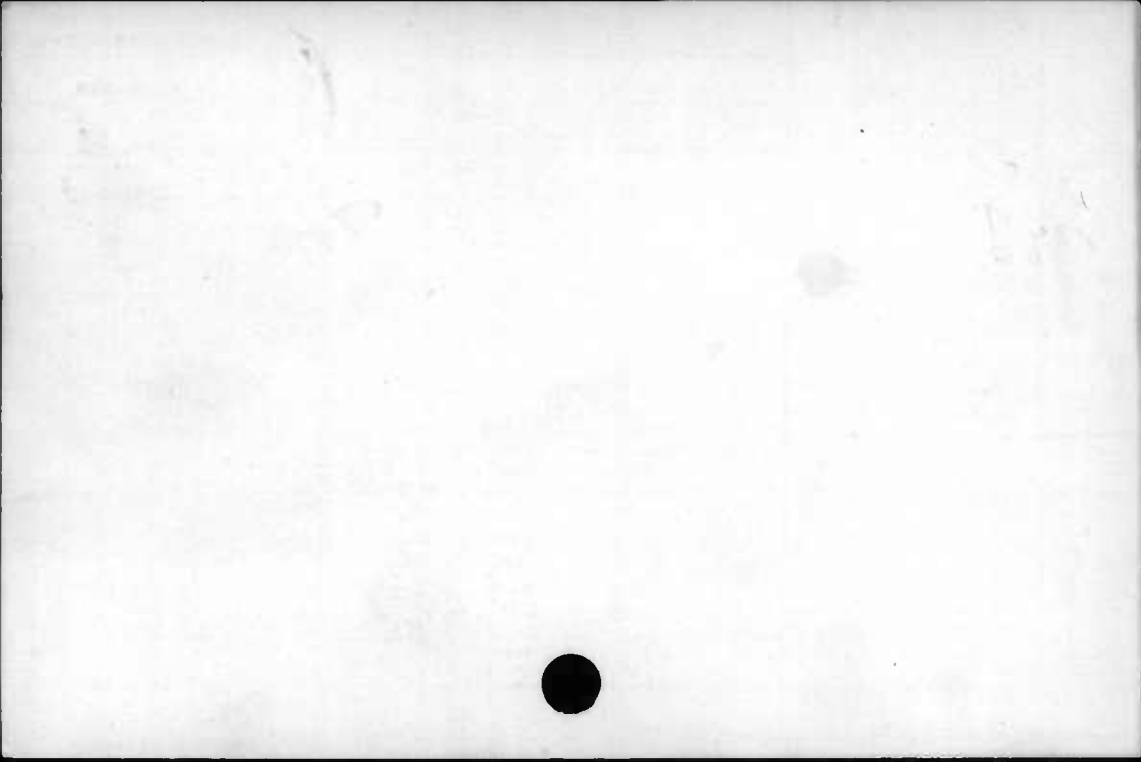
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Queen Anne</i>		Town <i>Queen Anne</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>17</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days <i>9</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Queen Anne</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Wm Stanford</i>				Father's Birthplace <i>Queen Anne Md</i>			
Mother's Maiden Name <i>Bertie Downs</i>				Mother's Birthplace <i>Ruthsburg Md.</i>			
Name of person giving information <i>Geo Stanford</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles followed by cough</i>	How long <i>1 month</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter H. F. Enby</i>
	Address <i>Ruthsburg</i>
Accident or Suicide?	



Name
in
Full

Mrs Hancey Slant

CERTIFICATE OF DEATH

Died at near ^{Town} Guys

County

Cal Co.

MARYLAND

Date
of death 1906

Month

4

Day

8

Age

Years

86

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Caroline Co.

Occupation

Retired

Where Residing if not
at place of death

near Guys

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

James Slant (deceased)

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

" "

Mother's
Birthplace

" "

Name of person giving
In formation

Elizabeth Hunter

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Brights disease

How long

Several years

Immediate

Uremic coma

How long

Few hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Harold B. Hopkins

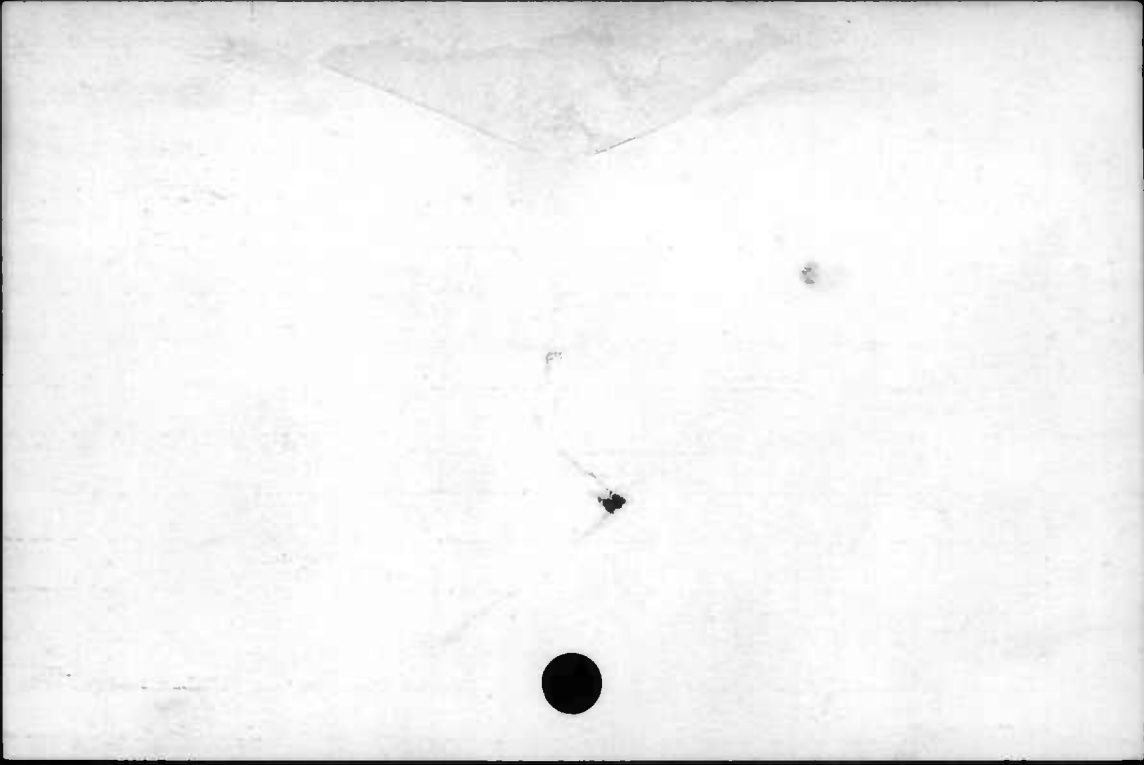
Address

Laninstown,

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
Author Jewell Walls		Town <i>Centreville</i>		County <i>Queen Anne's</i>	
Died at				MARYLAND	
Date of death		Month	Day	Years	Months
1906		4	10	3	2
Sex		Color or Race	Age	Birthplace	Days
male		Caucasian	3	Queen Anne's Co	1
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Alexander Walls		md.			
Mother's Maiden Name		Mother's Birthplace			
Mary Hopper		md.			
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
Primary		How long			
Poliomyelitis		2 weeks			
Immediate		How long			
Spinal Compression		2 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		J. M. Hopper M.D.			
		Address			
		Centreville			
		Md			
Accident or Suicide?					
no					

